

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		1				
9						
10						
11	1					
12		3				
13		3				
14		3				
15		1				
16		1				
17		1				
18						
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28						
29						
30						
31						
32						
33						
34						
35						
36						
37		1				
38		1				
39		1				
40		1				
41						
42		1				
43						
44						
45						
46						
47		1				
48		1				
49		1				
50						
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55		1				
56		1				
57						
58						
59		1				
60		1				
61		1				
62						
63						
64						
65						
66						
67		2				
68		2				
69		2				
70		2				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
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79		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						